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**FILED**

4/19/2016

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

In the United States District Court  
for the Northern District of Texas  
Eastern Division

**RECEIVED**

MAR 11 2016  
3-11-16 EAA

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Bednago Harper

v.

case no.

16-cv-3175

Judge John J. Tharp Jr.

Magistrate Judge Jeffrey Cole

PC5

- \* Tom Dart
- \* Superintendent Walsh
- \* Division 10 Health Care Unit Supervisor, Connie Manella
- \* Nurse Jefferson
- \* Nurse Nancy Chuckukma
- \* Nurse Monica Abner
- \* Dr. Jane Doe
- \* Correctional Officer Ms. Patterson
- \* Mr./Ms. Oseda of Inmate Services Administration
- \* CRW Ms. McCoy (Correctional Rehabilitation Worker)
- \* CRW Platoon Counselor N. Jones
- \* Head CRW Supervisor Mr. Mueller
- \* Assistant State's Attorney John E. Murray

### I. Jurisdiction and Venue

1. This is a civil action authorized by 42 U.S.C. Section 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. This court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a) (3). Plaintiff seeks declaratory relief pursuant to 28 U.S.C. Section 2201 and 2202. Plaintiff claims for injunctive relief are authorized by 28 U.S.C.



Section 2283 and 2284 and Rule 65 of the Federal Rules of Civil Procedure.

2. The Northern District is an appropriate venue under 28 U.S.C. Section 1391 (b) (2) because it is where the events giving rise to this claim occurred.

## II Plaintiff

3. Plaintiff, Bednago Harper, is and was at all times mentioned herein a detainee in the custody of the Cook County Dept. of Corrections (C.C.D.O.C.) He is currently confined in the Cook County Jail in Chicago, Illinois.

## III Defendants

4. Defendant, Tom Dart, is the director of the Cook County Dept. of Corrections. He is legally responsible for the overall operation of the department and each institution under its jurisdiction, including Division 10 of the Cook County Jail, where plaintiff Harper is currently confined.



County Jail Act

730 ILCS <sup>125</sup>/3 [superintendent; personnel]

Sec. 3. The Sheriff may appoint a superintendent of the jail, and remove him at his pleasure, for whose conduct and training he shall be responsible. The Sheriff also shall be responsible for the hiring and training of all personnel necessary to operate and maintain the jail.

PA 83-1073. Sheriff Tom Dart, Director of the Cook County Dept. of Corrections, is responsible for the hiring and training of all personnel necessary to operate and maintain the jail facilities.

5. Defendant, Superintendent Walsh, is the current superintendent of Division 10 in the Cook County Jail. He is legally responsible for the operation of Division 10 and for the welfare of all the detainees in that division.

6. Defendant, Division 10 Health Care Unit Supervisor Connie Manella, is the supervisor of all medical personnel employed in the Health Care Unit of Division 10. She is responsible for all their actions in dispensing medications and health care services to the detainees housed in Division 10.



7. Defendant, Nurse Jefferson, is a nurse employed by the Cook County Dept. of Corrections. Her duties include the daily mobile dispensing of prescription medications to detainees. She has direct daily contact with the detainees in the housing units, and is authorized to send detainees directly to the medical dispensary for medical treatment if the need arises.

8. Defendant, Nurse Nancy Chukukmal, is a nurse employed by the Cook County Dept. of Corrections, whose duties mirror the same duties as the nurse mentioned above.

9. Defendant, Nurse Monica Amber, is also a nurse employed by the Cook County Department of Corrections. Her duties are the same as those mentioned in 7 and 8.

10. Defendant, Doctor Jane Doe, is a medical doctor employed by the Cook Count. Dept. of Corrections. She is authorized to give directions to the nurses working under her authority. On or about 8-12-15 she was authorized to give directions to Nurse Monica Amber concerning the medical treatment of plaintiff.



11. Defendant, Correctional Officer Mr. Patterson, is a correctional officer of the C.C.D.O.C., who at all times mentioned in this complaint, held the position of tier officer, and was assigned to unit 4B of Division 10 in the Cook County Jail.

12. Defendant M. Oseda, is an employee of the C.C.D.O.C. working in Inmate Services Administration. At all times mentioned in this complaint, Oseda was employed in I.S.A. and gave response to grievances filed by plaintiff.

13. C.R.W. Ms. Meloy, is a social worker assigned to unit 4B in Division 10 of C.C.J. At all times mentioned in this complaint she was responsible for the handling of grievances filed by detainees housed in that unit. Defendant.

14. Defendant, J. Mueller, is the head director of the C.R.W. social workers, and is responsible for the actions of all the social workers under his jurisdiction.

15-# Assistant State's Attorney John E. Wurnmay is the state's attorney assigned as counsel for the defendants in plaintiff's initial complaint. He was instrumental in supplying the proposed remedy of the shoe inserts that contributed to the cause of the infection of plaintiff's foot. Defendant.



15-B Defendant, CRW/Platoon Counselor N. Jontz, is the platoon counselor who reviews and signs all grievances that allege staff use of force, staff misconduct, and emergency grievances. If the grievance is of a serious nature, the superintendent must initiate immediate action.

16. Each defendant is sued individually and in his or her official capacity. At all times mentioned in this complaint each defendant acted under color of stat law.

#### IV Facts

17. On Friday, July 31, 2015, plaintiff, Bednago Harper, developed a severe rash on his hands and arms, and his right foot and ankle had become painfully swollen. He showed the rash to Nurse Jefferson and requested treatment.

Plaintiff also told Nurse Jefferson that he was experiencing pain in his swollen right foot and ankle. She replied that he should fill out a medical request slip. The swelling of plaintiff's foot was a result of plaintiff's attempt to utilize the remedy of shoe inserts that were provided as a result of the confiscation of his orthopedic footwear. The inserts were supplied under the direction of A.S.A. John Murray.



18. On Saturday morning, August 1, 2015, plaintiff noticed that the rash had become worse, and again alerted Nurse Jefferson. It was at this time that the plaintiff also showed the rash to Officer Patterson, who was assigned to work tier 4B. Plaintiff also notified Nurse Jefferson that the swelling and pain had grown worse, and asked to be sent to the dispensary for examination. Nurse Jefferson again denied his request and once again suggested that the plaintiff fill out a medical request slip.

19. It was at this time that plaintiff asked Officer Patterson if she could arrange for him to be sent to the dispensary for examination. Officer Patterson denied this request and also suggested that plaintiff fill out a medical request slip. It was then that plaintiff told Officer Patterson that the rash and the swelling in his foot and ankle had become much worse and he was in need of immediate medical treatment. Again, Officer Patterson denied his request to be allowed access to treatment.



20. On Sunday, August 2, 2015, plaintiff again notified Officer Patterson of his worsened condition, and also the nurse dispensing medications, Nancy Chuckukmal. Plaintiff disclosed that the rash and the swelling in his foot and ankle was growing worse and causing him pain. Both told him there was nothing they could do.

21. Nurse Jefferson, Officer Patterson, and Nurse Nancy Chuckukmal were made objectively and subjectively aware of plaintiff's need for medical treatment but failed to respond. There was no mistaking the fact that the highly visible rash on the plaintiff's hands and arms, as well as his visibly swollen right foot and ankle were clear indications that he was in urgent need of medical treatment.

22. On Tuesday, August 4, 2015, plaintiff told Nurse Jefferson that he had filled out the medical request slip as required, but due to his worsened condition, was in need of immediate medical treatment. At this time that fact was visibly unmistakable. A large blister had formed between the toe of plaintiff's right foot, with a flowing discharge. The right foot had become inflated like a football from the swelling.



23. Plaintiff relayed this to Officer Patterson, who then finally allowed him to be sent to the dispensary. At approximately 12:40 P.M. on August 4, 2015, Nurse Jefferson examined plaintiff's rash and swollen foot and immediately wrote up a medical report that would allow him access to medical treatment, 4 days after his initial plea for medical treatment.

24. This has not been plaintiff's first experience of being denied medical treatment by CCDOC medical and security staff. On more than two occasions plaintiff has been denied or delayed access to medical treatment for serious medical conditions he'd reported to CCDOC staff. Plaintiff has filed numerous complaints concerning this and other acts of deliberate indifference on behalf of CCDOC staff concerning the delay or denial of medical treatment.



25. This is not an isolated incident. Upon information and belief of a study conducted by the Department of Justice, Cook County Jail fails to provide adequate and timely acute care to inmates with serious or potentially serious acute medical conditions. CCIJ's acute care services substantially depart from generally accepted correctional medical care standards. We identified grossly inadequate care that led to prolonged suffering and premature deaths of inmates at Cook County Jail. Acute care was so deficient that inmates suffered needlessly because medical staff failed to ensure that inmates met scheduled appointments, failed to monitor acute conditions, and failed to timely treat inmates' conditions. We found numerous instances where CCIJ's failure to adequately assess and treat inmates likely contributed to preventable deaths, amputations, hospitalizations, and unnecessary harm.



26. After finally being examined by Nurse Jefferson, plaintiff was sent to Cermak Health Services. Upon examination by the physician at Cermak, he was informed that the outbreak on his arms and hand was due to some unknown allergic reaction. A further examination disclosed a severe infection in his right foot, which in turn had caused the painful swelling in the foot and ankle. The physician noted that the plaintiff should have been provided treatment much sooner, and immediately made arrangements for plaintiff to be sent to Stroger's Hospital Emergency Unit for medical treatment.

27. Plaintiff was examined by doctors at Stroger's and prescribed medication to help with the allergic reaction. A further examination revealed that the swollen blistered area between the toe and on top of plaintiff's right foot had been caused by friction between the foot and his footwear. The friction had caused the skin to break and opened the area of the foot that had been affected to be a breeding ground for infection. The inserts that had been provided to the plaintiff as a remedy for a previous complaint directly caused the friction due to the elevation of the foot against the ceiling of the shoe. The poorly and cheaply constructed County shoes were not substitutable in serving the purpose and design in the construction of medically prescribed orthopedic footwear.



28. Just as a hammer cannot be used to do the work of a job that requires a drill, medically improper shoes cannot replace the function of shoes that were scientifically designed for the purpose of medical orthopedic footwear. Certain people, whether they be diabetics, arthritics, or sufferers of other medical conditions concerning their feet, may not be able to wear just any make of shoe. Medical conditions involving the feet differ, and the remedy supplied to the plaintiff in the form of the shoe inserts, combined with the poorly constructed county issued shoes, were simply inadequate for his medically diagnosed foot condition, and caused further damage.

29. Plaintiff was supplied the proposed remedy of the shoe inserts on July 24, 2015, and attempted to utilize the inserts in remedy of the problems outlined in his original complaint. However, due to the unsuitable and inadequate support in the construction of the county issued shoes, his feet have been caused further damage, most notably the foot infection and the resulting pain and swelling that resulted from it. Orthopedic footwear is orthopedic footwear, and it cannot be pieced together using an incompatible combination of inadequately made shoes and shoe inserts fused together by people



With no knowledge of podiatry or orthopedic footwear, merely for the sake of claiming to have supplied a remedy. Attorneys, nurses, or correctional officers are not qualified podiatrists. An orthopedic shoe and footwear pieced to hopefully form the function of orthopedic footwear are two entirely different things, and neither can be substituted to replace the other.

30. This is not an effort on behalf of the plaintiff to be difficult or uncooperative. The shoe inserts may be suitable if combined with more suitable footwear, but it has been proven painfully obvious that they are not sufficient for the podiatric conditions suffered by the plaintiff. The supplied shoes and inserts do not constitute the medical construction of orthopedic footwear that the plaintiff medically requires. Furthermore, the shoes and inserts have caused the plaintiff further damage to his feet.

31. The Doctor at Stroger's Hospital prescribed a seven day regimen of antibiotics to be taken four times a day. This was to fight the infection that had developed in the right foot of plaintiff.



32. Five days into the treatment, Nurse Monica Amber called plaintiff to dispensary for a dressing change and routine examination of the infected foot. It was then that Nurse Amber made the decision to disregard the doctor's orders and discontinue the antibiotics treatment, to the plaintiff's disagreement. Plaintiff received no dressing change or prescribed antibiotics treatment.

33. On or about August 12, 2015, Nurse Amber (Abner) informed the Doctor working in the dispensary, now listed as Dr. Jane Doe, that she was discontinuing the antibiotic treatment. With no examination or questions asked, Dr. Jane Doe concurred, even though the antibiotic treatment hadn't been taken to the full 7 day term as prescribed by the Strager's Doctor. Discontinuing a regimen of antibiotics before the full term places the patient at risk of developing a stronger infection that may be resistant to the antibiotics that have been prescribed for the purpose of fighting it. Nurse Monica Amber placed plaintiff at further and future risk by discontinuing the regimen of antibiotics without consulting with the doctor at Strager's who prescribed it. Dr Jane Doe is equally at fault by concurring with Nurse Amber without examining the plaintiff or consulting with the doctor who originally prescribed the antibiotics. Upon examination, 9-9-15, ointment treatment to fight foot fungus and infection reinstated by M. Patel, PA-C



## V Exhaustion of Administrative Remedies

34. Plaintiff used the grievance procedure available at Cook County Jail to try and solve the problem.

On 8-4-15 and 8-6-15, plaintiff presented the facts relating to this complaint. On 8-18-15 and 8-25-15, plaintiff was forced to resubmit grievances concerning the delay/denial of medical treatment for his foot infection. This was due to there being no response given to his previously filed grievances. Plaintiff received a control number (2015x3966) for the grievance filed 8-4-15, but nothing further as far as a response. On 8-25-15 CRW worker McCoy returned a Non Grievance (Request) to the above numbered grievance, which was clearly not a "request" but a legitimate grievance deserving of an appropriate response. In following days, plaintiff received more Non Grievance (Request) responses to his previously filed grievances concerning the delay/denial of medical treatment resulting from the inserts and cranty issued footwear.

These untimely responses were delivered by Ms. McCoy, N. Jones, CRW Platoon Counselor, M. Oseda of Inmate Services Administration, as well as non-responses from CRW Supervisor Mr. Mueller. With this matter of non-response and passing the buck, as well as untimely responses that force a detainee to file the



Same grievance relating to the same subject all over again it is easy to understand that the process has been intentionally made extremely confusing, and the bouncing around from department to department can go on indefinitely without achieving any progress in terms of a resolution. This Catch-22 situation of deliberate obstruction by CDOC staff made the exhaustion of administrative remedies nearly impossible. A remedy that CDOC officials, medical or security staff prevent a detainee from utilizing is not an available remedy under 42 U.S.C. § 1997e(a). Each of the aforementioned are being sued for their participation in the obstructing of the grievance process that obstructed the plaintiff's efforts to exhaust administrative remedies in this complaint.

In classic example of this, on August 28, 2015 at approximately 8:40 A.M. CRW Ms. McElroy, on her daily rounds to pick up grievances, expressed annoyance when she stated "I'm tired of this," upon being handed a grievance by plaintiff requesting a response from Cermak Health Services for grievance 2015X3966 concerning the delay/denial of medical treatment.

On 9-11-15, 9-22-15  
plaintiff was finally sent a response saying that the grievance had been denied

On 9-22-15, 9-25-15  
he appealed the decision of the grievance.



Social worker Mr. McCoy, Platoon Counselor N. Jones, M. Oseda of Inmate Services Administration, and Head Supervisor Mr. Mueller were each repeatedly notified of the repetitious untimeliness in the processing of the grievances filed by the plaintiff. Each failed to respond to the violations of plaintiff's constitutional rights, though those violations were brought to their attention via the grievance process.

Plaintiff maintains that the mishandling of filed grievances interferes and obstructs the exhaustion of administrative remedies prerequisite to court actions. Cook County Jail Personnel's delays and untimeliness in responding to plaintiff's grievances has made his continuous and ongoing efforts to exhaust administrative remedies extremely hard, if not virtually impossible.

Plaintiff has made it clear through his grievances that he has been caused further damage to his feet as a result of the supplied remedy of the shoe inserts. During the deposition with State's Attorney John Murray, plaintiff spoke "off the record" notifying Mr. Murray that he would also be filing suit concerning the new damages. As a result, plaintiff contends that it is probable that the filing of this new suit and the continuous obstructions to the grievance process may be interlinked. CJS officials seek to immunize themselves from suit by establishing procedures that in practice are not available because they are impossible to comply with or simply do not exist.



## VI Legal Claims

35. Plaintiff realleges and incorporates by reference paragraphs 1-35.

36. The failure to provide adequate training and deliberate indifference to medical needs caused further pain and suffering for the plaintiff, and violated his rights and constituted cruel and unusual punishment, a due process violation under the fifth and fourteenth Amendments to the U.S. Constitution.

37. The plaintiff has no plain, adequate or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the defendants unless the court grants the declaratory and injunctive relief plaintiff seeks.

## VII Prayer for Relief

Wherefore, plaintiff respectfully prays that this Court enter judgement granting plaintiff:



38. A declaration that the acts and omissions described herein violated plaintiff's rights under the Constitution and laws of the United States.

39. A preliminary and permanent injunction ordering defendants Dart and Walsh provide CCIDOC employees with adequate training that will properly assess claims for the need of medical treatment, and for employees such as Nurse Jefferson, Nurse Nancy Chudakorn, and Monica Abbe, as well as Dr. Jane Doe, be more attentive to genuine serious medical needs of detainees. Finally a revision of the grievance process in Cook County Jail that would fairly and comprehensively allow detainees the rightful opportunity to appeal the decision in filed grievances in order to exhaust administrative remedies.

40. Compensatory damages in the amount of \$ 25,000 against each defendant, jointly and severally.

41. Punitive damages in the amount of \$ 25,000 against each defendant.



42. A jury trial on all issues triable by jury.

43. Plaintiff's costs in the suit.

44. Any additional relief the court deems just, proper, and equitable.

Dated: November 30 2015

Respectfully submitted,  
Bednago Harper

### Verification

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and, as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Executed at Chicago, Illinois  
on November 30, 2015

Bednago Harper #2011112058

CCDOL Div. 10 4B

P.O. Box 089002

Chicago, IL 60608





**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**  
(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**I This section is to be completed by Program Services staff - ONLY !** (! Para ser llenado solo por el personal de Program Services !)

**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

**REFERRED TO:**

- ☒ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

**INMATE INFORMATION** (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

**INMATE'S BRIEF SUMMARY OF THE COMPLAINT** (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

Date of Incident - Time of Incident - Specific Location of Incident  
Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente

Developed a rash on arms and hands on 8-1-15. On 8-2-15 I noticed the rash had grown much worse and spreaded also to my legs and my right foot was also swollen. Went to nurse and filled out yellow medical request form. Asked nurse and C.O. Patterson if I could be allowed to dispenary when pain began to occur in arms and swollen foot and ankle. Rash on arms on 8-3-15 had become bright visible when request was made once again to C.O. Patterson and it was then to see that it had become much worse than when originally reported. Claim to see that medical treatment was immediately needed.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

That nurses and C.O.'s allow detainees access to medical treatment in noticeable severe cases where conditions have grown progressively worse

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

**Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.**

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015-3973

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Harper

Bednarski

2011112018

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

2015-3973 (1/17/15) by CRW / PLATOON COUNSELOR

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

1/17/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 Seen by supervisor 1/17/15. No change. 1/17/15  
 Seen in court 1/21/15

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Susan Schubert

[Signature]

8/30/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

[Signature]

[Signature]

1/17/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Bednarski Harper

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

9/2/15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 9/2/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

Was still a delay / denial in treatment

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o/su Designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

Response remains unchanged

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

Susan Schubert

[Signature]

9/22/15

INMATE SIGNATURE (Firma del Preso):

Bednarski Harper

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelacion):

9/25/15





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-6-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15

TIME OF INCIDENT (Hora Del Incidente)

Approx 12:30 P.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Div. 10, Dispensary

8-1-15, 8-2-15, 8-3-15 and 8-4-15, repeatedly requested to be sent to dispensary for allergic reaction and severe swelling of Rt. Foot. Requested this of Nurse Jefferson and Officer Patterson. Infection finally found by doctor at County who immediately sent me to Granger's Hospital Emergency for treatment of allergic reaction and foot infection. Pleaded for medical assistance for 4 days before I was given treatment.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That CCDOC staff discontinue the continuing deliberate indifference that delays and denies those in serious need of medical treatment

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

M. Jones

SIGNATURE:

M. Jones

DATE CRW/PLATOON COUNSELOR RECEIVED:

8-6-15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (¡ Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-18-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15

TIME OF INCIDENT (Hora Del Incidente)

7-3 shift.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

4B, Div 10

This grievance is filed in Supplement of a complaint I filed concerning a delay/denial of medical treatment by Nurse Jefferson and Officer Patterson for a foot infection. This infection was caused by inadequate footwear supplied as a remedy for a previous medical complaint - filed. I'm requesting a response to the grievance I filed on 8-6-15.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That I be given a response in effort to complete the exhaustion process

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper 8-18-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

McKay

SIGNATURE:

mcy

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/18/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-18-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15

TIME OF INCIDENT (Hora Del Incidente)

Approx. 12:30 P.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Unit 4B, Div. 10.

On 8-5-15 I filed a grievance relating to the delay in medical treatment for an infection in my right foot. The grievance was given control # 20153966. This grievance has failed to be responded to in a timely manner. Therefore I am filing this follow up grievance in effort to exhaust my administrative remedies.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That grievance 20153966 be given a response in effort of the exhaustion of administrative remedies

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper 8-3-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**! This section is to be completed by Program Services staff - ONLY !** (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <b>Harper</b>	PRINT - FIRST NAME (Primer Nombre): <b>Bednago</b>	ID Number (# de identificación): <b>2011 1112058</b>
DIVISION (División): <b>10</b>	LIVING UNIT (Unidad): <b>4B</b>	DATE (Fecha): <b>8 / 25 / 15</b>

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

Since 8-5-15 I have been awaiting a response to grievances I filed. The grievances concerned the delay / denial of medical treatment for what turned out to be a serious infection in my right foot. I have been given excuse after excuse about the delay in processing my grievance. Filing a grievance is something I have a constitutional right to do, and is a protected conduct of which I am rightfully attempting to seek a remedy. A remedy that CDOC officials, medical or security staff, prevent a detainee from utilizing is not available under 42 U.S.C. § 1997e(a). If continued non response to a grievance is considered a denial, and therefore I'm appealing this non response to my filed grievances.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

A timely response to the grievances I filed in effort to exhaust my administrative remedies. This is a GRIEVANCE, not a request.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

**Bednago Harper**

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <b>[Signature]</b>	SIGNATURE: <b>[Signature]</b>	DATE CRW/PLATOON COUNSELOR RECEIVED: <b>8 / 25 / 15</b>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE: <b>[Signature]</b>	DATE REVIEWED: <b>___ / ___ / ___</b>





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-26-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-25-15

TIME OF INCIDENT (Hora Del Incidente)

10:30 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Div. 10

On the above date CRW McCoy returned to me Non Grievance responses to a grievance I filed 8-4-15, #2015x3966. More than 15 untimely days passed without my receiving a response, of which I filed supplemental grievances concerning the delay/denial of medical treatment. With the manner of response, this could repeat indefinitely. This catch-22 situation and intentional obstruction makes it nearly impossible to exhaust administrative remedies.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That the intentional obstruction in the exhaustion process be removed from the CCDOC grievance system.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan infarmación:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

McCoy

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-27-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15 - 8-27-15

TIME OF INCIDENT (Hora Del Incidente)

10:40 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B, Div. 10.

This is a grievance directed to CRW supervisor Mr. Mueller. It concerns the deliberate bouncing around and untimely responses to grievances filed in CCT and submitted to CRW workers. These intentional obstructions by CCT staff make it nearly impossible to complete the grievance process and exhaust administrative remedies.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

That the grievance system seriously be revised in a fair manner that allows exhaustion of administrative remedies.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper.

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

MOLLOY

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/27/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

8-28-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podrá re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-28-15

TIME OF INCIDENT (Hora Del Incidente)

12:10 P.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B, Div. 10

On 8-28-15, I filed this grievance concerning the untimely and non response by Cermak Health Services concerning a delay/denial of medical treatment. This delay resulted in my contracting a serious foot infection in my right foot, and directly related to a civil case I currently have pending in U.S. District Court, case 14CV1986. Again I am requesting a response to the grievance with control # 2015x3966, from Cermak Health Services

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

That Cermak Health Services respond to the above numbered grievance and cease in the intentional obstructing of my efforts to exhaust my administrative remedies to resolve this matter.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

MITCHELL/McCoy

SIGNATURE:

Kathleen McCoy

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/28/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Harper

INMATE FIRST NAME (Primer Nombre):

Bednaro

ID Number (# de identificación):

2011-1112058

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Grievance was previously filed control # 2013-3966, awaiting on response.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Inmate Services Adm.

DATE REFERRED:

8/1/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

see above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

USADA 1116

SIGNATURE:

[Signature]

DIV. / DEPT.

15

DATE:

08/1/20/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_

☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Refused

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

8/25/15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

Disallowed ability to exhaust

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**  
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelacion):

/ /





# COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

WILLIAM N/A

### INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Harper

INMATE FIRST NAME (Primer Nombre):

Bedmar

ID Number (# de Identificación):

2011112058

### GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

See Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

This grievance was previously submitted control # 2015X3966 awaiting a response

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Det. Inmate Service ADM

DATE REFERRED:

8/21/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Upton

SIGNATURE:

Upton

DIV./DEPT.

1-1

DATE:

8/22/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

8/25/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Refused

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

8/25/15

### INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

Disallowing me ability to exhaust

### ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

No

☐

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

8/25/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

8/25/15



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

HARPER

INMATE FIRST NAME (Primer Nombre):

BEDNACIO

ID Number (# de identificación):

2011112058

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 MEDICAL TREATMENT

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW contacted Cermak at x 5800. CRW still awaiting response from control # 2015 3966

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

CERMAK

DATE REFERRED:

8 / 26 / 15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

see above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

USADA, MD

SIGNATURE:

[Signature]

DIV. / DEPT.

IS

DATE:

08 / 27 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Bednacio Harper

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

9 / 2 / 15

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

9 / 2 / 15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

Still awaiting response from grievance filed 8-5-15

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelacion):

/ /





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011112058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

9-11-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an Inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-14-15 - Present

TIME OF INCIDENT (Hora Del Incidente)

Ongoing 8:55 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B, Division 10

On 8-14-15 I filed a grievance concerning the delay/denial of medical treatment for an infection found in my rt. foot. Receiving no response, this grievance was followed up by others filed on 8-6-15, 8-8-15, 8-25-15, 8-26 and 8-27-15, with neither to date receiving a timely response. W. Jones, Mr. Mueller, Ms. McLucy, Ms. Mitchell, M. Oseda, and Cermak Health Services have all been made aware of my efforts through these grievances, but have continued in their failure to respond.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

An appropriate response to a legitimate medical issue that I've continuously attempted to address through the CCJ grievance process. No more bawking around, just a valid response

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper 9-11-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ①  
of 4
- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

9-15-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15

TIME OF INCIDENT (Hora Del Incidente)

9:40 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Div 10

This complaint concerns the continued denial of a response to grievances filed 8-4-15, 8-6-15, 8-18-15, 8-25-15, 8-26-15, 8-27-15, and 9-11-15. Each of these grievances concerned the delay/denial of medical treatment for what turned out to be a serious foot infection. This infection was a direct incurrance of an attempt to remedy a lawsuit filed by me in the U.S. District Court, no. 14CV1986. The further damages from the infection and

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

the delay in treatment gave rise to this complaint.

Since 8-4-15, I have made continuous and substantial effort to resolve this complaint using the grievance system available at

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ②  
4
- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

9-17-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-15

TIME OF INCIDENT (Hora Del Incidente)

9:40 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Div. 10

CCT. My complaints have been unanswered through non-responses and/or ignoring, disallowing me the opportunity to exhaust remedies. Among the CCT staff who have been made aware of my numerous complaints on this matter are: Supt. Walsh, Connie Manella, Nurse Jefferson, Nurse Nancy Chackurmal, M. Oseda of I.S.A. CRW McCoy, CRW Mitchell, Nurse Monica Amber, CRW Platoon Counselor N. Jones, as well

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

as the doctor working in the dispensary on 8-11-15, now listed as Dr. Jane Doe until further legal notice. This complaint is a notice that grievant has attempted to exhaust every remedy available to him.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

McCoy/Mitchell

SIGNATURE:

McCoy/Mitchell

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/18/2015

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ③  
of  
4
- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Harper</i>	PRINT - FIRST NAME (Primer Nombre): <i>Bednago</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>2011 1112 058</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>4B</i>	DATE (Fecha): <i>9-17-15</i>

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>9-4-15</i>	TIME OF INCIDENT (Hora Del Incidente): <i>9:40 A.M</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): <i>Unit 4B Div 10</i>
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*A prison/jail official can be liable under 42 USC. 1983 for failure to respond to violations of a detainee's constitutional rights that come to his or her attention, as those noted have been made aware via the grievance system available at C.C.T. Vance v. Peters 97 F.3d 987, 993 Gentry v. Duckworth, 65 F.3d 535, 561 Verser v. Elyra, 113 F.Supp 2d 1211*

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

*I have requested all that I am going to request through the filing of my grievances. I cannot exhaust administrative remedies that are not made available through non-response.*

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>Bednago Harper</i>
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- 4  
4  
4
- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

9-17-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

9-4-15

TIME OF INCIDENT (Hora Del Incidente)

9:40 A.M.

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Div 10

Detainee/Plaintiff, Bednago Harper, maintains that the mishandling of grievances interferes with the administrative exhaustion process prerequisite to court actions, but CCJ officials failure to respond to grievancers renders administrative remedies unavailable and excuse plaintiff from pursuing them further. Lewis V. Washington 300 F. 3d 829, 833. Detainee can only exhaust remedies that are made available to him.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

An acknowledgment by CCJ that mentioned staff failed to respond to violations of my constitutional rights which I have repeatedly brought to their attention using the grievance system available at CCJ.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Mr. Bednago - Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

M. L. Harper

SIGNATURE:

M. L. Harper

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/18/2015

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112 058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

10-16-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

(Page 1 of 2)

DATE OF INCIDENT (Fecha Del Incidente)

10-16-15

TIME OF INCIDENT (Hora Del Incidente)

9:00 -

SPECIFIC LOCATION OF INCIDENT (Lugar Especifica Del Incidente)

Unit 4B Division 10

On the dates of 9-11-15, 9-15-15, 9-17-15, I filed follow up grievancers to previous complaints concerning the issue of being delayed/denied access to medical treatment for an infection that had developed in my right foot. These grievancers were dated 8-6-15, 8-4-15, 8-18-15, 8-25-15, 8-26-15, 8-27-15. Only one of this appalling number of grievancers was given a response despite

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

the issue being brought to the attention of a number of C.C.D.O.C. personnel who have been directly involved with this collective deliberate indifference on behalf of the staff

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Mr. Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

MCCOY

SIGNATURE:

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

DATE REVIEWED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Harper

PRINT - FIRST NAME (Primer Nombre):

Bednago

INMATE BOOKING NUMBER (# de identificación del detenido)

2011 1112058

DIVISION (División):

10

LIVING UNIT (Unidad):

4B

DATE (Fecha):

10-16-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
  - Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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  - Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
  - Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
  - Sólo una queja por formulario
- (Page 2 of 2)

DATE OF INCIDENT (Fecha Del Incidente)

10-16-15

TIME OF INCIDENT (Hora Del Incidente)

9:00 -

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Unit 4B Division 10

here. Each of the staff mentioned: Tom Dart, Supt. Walsh, Connie Monacella, Nurse Jefferson, Nurse Nancy Chukukmat, Nurse Monica Hiner, Dr. Jane Doe, until further notice, Corr. Officer Patterson, M. Oseda of I.S.A. Ms. McCoy, CRW Platoon Counselor N. Jones and Head CRW supervisor Mr. Mueller failed to respond to the violations of my rights under the 8th and 14th Amendments that were brought to their attention through the grievance process.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Their prolonged and continuous failure to respond has rendered the exhaustion of administrative remedies unavailable. Each are also now defendants.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bednago Harper

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

McCoy

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECIEVED:

10/16/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

N/A

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Haiper

INMATE FIRST NAME (Primer Nombre):

Bedinaco

ID Number (# de identificación):

8011 112058

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

In previously file grievance 8/5/15, Control # 2015X 3966, inmate signed grievance appeal 9/2/15, inmate has exhausted administrative rights

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

CERMAK

DATE REFERRED:

9 / 24 / 15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Please see attached grievance

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shabel

SIGNATURE:

Susan Shabel

DIV. / DEPT.

DATE:

10 / 9 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_

☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Refused

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

10 / 21 / 15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

/ /



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

Harper

INMATE FIRST NAME (Primer Nombre):

Bednarek

ID Number (# de identificación):

2011112038

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Inmate filed several grievances control # 20153966 Regarding this issue.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cook Health services, Personnel):

CERMAK

DATE REFERRED:

10/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Response was disseminated by unit

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shelby

SIGNATURE:

Susan Shelby

DIV. / DEPT.

DATE:

10/16/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

10/16/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Bednarek Harper

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

11/12/15

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

\_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

\_\_\_\_/\_\_\_\_/\_\_\_\_